PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 9/4/6 96/														mber
CLAIMS AS FILED - PART I (Column 1) (Column 2)											ENTITY	OR	OTHE	R THAN ENTITY
FOR			NUMB	ER FILED		NUMBER		1	RATI		FEE	7	RATE	FEE
BASIC FEE			S 24								380.00	OR		760.00
TOTAL CLAIMS				35 minus	20=	. 15		1	X\$ 9	=		OR	X\$18=	270
INDEPENDENT CLAIMS				19 minus	3 =	• 16		1 1	X39-	,		OR	X78=	1248
MULTIPLE DEPENDENT CLAIM PRESENT							1				1		1240	
* If the difference in column 1 is less than zero, enter "0" in column 2							. [+130			OR	+260=	0.000	
١.,	CLAIMS AS AMENDED - PART II										<u> </u>	OR	TOTAL	2278
4	7 28 07 (Column 1) (Column 2) (Column 3)								SMAL	1.6	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM AVEN	AINING FTER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 3	5	Minus		35	- /		X\$ 9=			OR	X\$18=	
	Independent	• /	7	Minus		/ /	= /		X39=			OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								!	+130=			OR	+260=	
۱. ا	1-1 /							L	TOT	_		OP.	TOTAL	8
4	129/04		umn 1)			olumn 2)	(Column 3)		DDIT. FE	: E L		,,	NDDIT. FEE	
AMENDMENT B		REM.	AIMS AINING TER IDMENT		PA	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3	<u>5</u>	Minus		<u>35 </u>	-		X\$ 9=			OR	X\$18=	
	Independent	• /	9 NOE MI	Minus		19	-/-	T	X39=	1		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	Ŀ		OR	+260=	·
/-	21-05							AC	TOTA DOIT. FE	_		OR A	TOTAL DDIT. FEE	Ø
÷		CU	mn 1) VMS			olumn 2) IIGHEST	(Column 3)	_				_		
AMENDMENT C		AF	NNING TER DMENT		PRI P	IUMBER EVIOUSLY NO FOR	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• "/	,	Minus	 (<i>3</i> 5	= /		X\$ 9=	T		OR	X\$18=	
	Independent FIRST PRESE	NTATIO	N OF MI	Minus	ENIDI	M CLAIM	2		X39=	1		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									T		OR	+260=	
— n	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										—-	L	TOTAL	
	the "Highest Num he "Highest Num	nber Pre	viousiv Pa	di For IN THE	S SPA	CF is loss that	n 3 anter 5 n		OIT. FEE I in the a	_		A	DOIT. FEE	
								_	3- 4	****				

FORM PTO-675 (Rev. 11/96)

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